V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23602

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3008

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3934 CAMPBELL STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 3934 CAMPBELL STREET 38
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------ (1)

3. (a) PRINT FULL NAME MR. ROBIN AUDUBON BREITENBAUGH
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-01-5631
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LILLIE OCKER BREITENBAUGH
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased FEBRUARY (Month) 21 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	0	hr. min.

9. Birthplace LEES SUMMIT (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED SUPERINTENDANT OF WAREHOUSE
11. Industry or business DUFF & REPP FURNITURE CO.
FATHER
12. Name SAMUEL BREITENBAUGH
13. Birthplace HARPERS FERRY (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name MARY KIRKPATRICK
15. Birthplace ODESSA (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Lillie Ocker Breitenbaugh
(b) Address 3934 Campbell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 57
year 1944 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... 1925 to 7-21 1944
that I last saw him alive on 7-21 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 day
Due to Arterio sclerosis	5 yrs
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

83a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury:
23. Signature E. W. Blunkin (M. D. or other)
Address 900 Rialto Bldg KC Mo Date signed 7-21-44

(Licensed Embalmer's Statement on Reverse Side)

Ch. Ornell H. [illegible]
900 - Opalto Bldg.
12:2:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.